

FIELD OFFICE USE ONLY	
OL NUMBER ISSUED _____	
PHOTO SEQUENCE NUMBER _____	
Temporary Permit Issued	
<input type="checkbox"/> Yes	Date _____
<input type="checkbox"/> No	Attach temporary permit.
Attach DMV 8016	
HEADQUARTERS USE ONLY	
DATE OL LICENSE EXPIRES _____	

APPLICATION FOR OCCUPATIONAL LICENSE

ALL APPLICATION FEES ARE NON-REFUNDABLE

All licensees are responsible for renewing their license prior to the expiration date shown on license.

A. APPLYING FOR: (Check one box)

Vehicle Salespersons License

- ☐ Original (SPO)
☐ Renewal (SPR) (prior to expiration)
☐ Reinstatement (SRX) (expired license)

Other Licenses

- ☐ Driver Instructor (20M)
☐ Additional License (20M) (Driver Instructor Only)
☐ All-Terrain Vehicle Safety Instructor
☐ Distributor Representative
☐ Manufacturer Representative

B. APPLICANT INFORMATION: (Type or Print) USE YOUR TRUE FULL NAME

NAME (FIRST, MIDDLE, LAST)		AREA CODE/TELEPHONE NUMBER ()	
RESIDENCE ADDRESS (NUMBER AND STREET)	CITY	STATE	ZIP CODE
OTHER ADDRESS, IF APPLICABLE (P. O. BOX OR PRIVATE MAIL BOX)	CITY	STATE	ZIP CODE

C. PHYSICAL DESCRIPTION:

DATE OF BIRTH	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	HAIR COLOR	EYE COLOR	HEIGHT	WEIGHT
CALIFORNIA DRIVER LICENSE/IDENTIFICATION NUMBER		EXPIRATION DATE	SOCIAL SECURITY NUMBER		

Have you ever been known by or used any name other than the name appearing on this questionnaire?

List the different names below you have been known by or used ☐ Yes ☐ No

IF YES, LIST NAME(S)

D. EMPLOYED BY: (Information provided must be the same as Employer's License)

FIRM NAME	FIRM LICENSE NUMBER	AREA CODE/TELEPHONE NUMBER ()
FIRM ADDRESS (NUMBER AND STREET)	CITY	STATE ZIP CODE

E. EXPERIENCE AND EMPLOYMENT RECORD FOR PAST THREE YEARS: (List most recent first.)

FROM MO YR	TO MO YR	EMPLOYERS: NAMES, ADDRESSES, TYPE OF BUSINESS	DUTIES PERFORMED

(ATTACH SEPARATE SHEET IF ADDITIONAL SPACE IS NEEDED)

F. ADDITIONAL BACKGROUND INFORMATION:

1. Have you previously been or are you now licensed or have you ever applied in this state as a vehicle salesperson, representative, distributor, dealer, dismantler, manufacturer, remanufacturer, transporter, verifier, lessor-retailer, driving school owner, operator, instructor, all-terrain vehicle safety training organization or instructor? ☐ Yes ☐ No

IF YES, LIST LICENSE NUMBER

2. Have you ever had a business, occupational license, or application issued by the State of California, Department of Motor Vehicles, or by another state, which was refused, revoked, suspended or subject to other disciplinary action ☐ Yes ☐ No

IF YES, LIST TYPE OF LICENSE, LICENSE NUMBER, ACTION BY DEPARTMENT, DATE OF ACTION, AND STATE LICENSE WAS ISSUED

